

**Application form for those wishing to refer Sanctuary Break seekers to East Lindsey Area of Sanctuary**

**Guest Application Form**

In order to process this application as fast as possible, we would appreciate it if you could take time to answer every question as thoroughly as possible. Failure to do this will result in delays, as we cannot progress referrals that do not have sufficient information.

**Date of Application……………………………………………………………………**

**Questions for person(s) wanting to be a guest**

**Your full name** (main applicant) **……………………………………………………………..**

**Known as……………………………………Male/Female…………………………………….**

**Date of Birth: / / (if known) Or approximate age…………………………..**

**Religion (if any)………………………………………………………………………………….**

**Mobile no…………………………… Other contact no……………………………………**

**What is your legal ‘status’ in this country (circle the one that applies)?**

**Refugee/Asylum Seeker/Refused Asylum Seeker/Going to apply for Asylum**

**Other, specify:**

**If you want to be placed with others please complete the following table:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of person** | **DOB** | **M/F** | **Relationship to you** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Your country of origin…………………………………………………………………………..**

**What languages do you speak/fluency** (please circle: 1 – good 2 – moderate 3 – basic)

**1. ………………………………………………1. 2. 3.**

**2. ………………………………………………1. 2. 3.**

**3. ………………………………………………1. 2. 3.**

**If you speak little English do you know anyone who can interpret for you?**

**Name………………………………….Phone number………………………………**

**Where are you living at present (please give full address)?**

**How long have you been there?**

**HEALTH:**

**Is there any information that we might need to know about your health that might affect your visit? (Medications, mental health issues, asthma, etc)**

**OTHER:**

**Would you be willing to be placed in a home with pets? Yes / No.** If **‘No’**, please identify your concerns:

**Do you have any particular –**

**a) Dietary needs?**

**b) Allergies?**

**Preferences**

**Ideally would you like to interact with your Host(s):**

**A Lot ………………………………………………….…………. only as much as needed**

**(Please mark a point on the dotted line with an X – some Hosts want less interaction than others)**

**Ideally the Applicant would like to:**

**Visit as part of their family …………………………………..……… visit separately**

**(Please mark a point on the dotted line with an X – again, Hosts are offering a range of different options)**

**What are your interests and hobbies?** (Please answer as fully as you can - this can help us to match you with the best host for you.) For instance, do you like gardening, being with children, cooking, walking, reading, watching TV, playing games? Do you follow any teams? Do you have any other interests?

**Are there any time-related factors that affect when you can use the Sanctuary Break?** (For example, your Home Office visits are every two weeks on Wednesdays; the next one is Wednesday 25th May. Or, you attend college Tuesdays and Wednesdays and your next holiday is July/August.)

**Questions for Referrer**

**Your Full Name………………………………………………………..**

**How long have you know the applicant?..............................................**

**In what capacity have you known them?.............................................**

**Your telephone numbers Work………………………………………………….**

 **Mobile…………………………………………………**

 **Home (if appropriate)**

**Agency (if any) that you work for……………………………………………………**

**Your role within the organisation…………………………………………………….**

**Are you aware of any reason why the applicant should not be placed in a household with children? Yes / No** (if yes, please specify why)

**Are you aware of any other factors that might be of relevance to a safe placement and that have not been mentioned above** (e.g., history of violence, criminality, mental ill health, suicidality, alcohol or drug addiction.) If yes, please specify:

**Is there anything that was not covered above that you think is important to the consideration of this application? Please identify it here.** (Please continue on another page, if necessary.

**How do you think hosting may help this person?** (Please continue on another page, if necessary)**.**

**SIGN OFF**

**Notes for referrer:** Whilst we respect client confidentiality policies, we cannot accept referrals from agencies that withhold information which we believe could lead to a host or member of their household being placed in danger. It is important that you, as a referrer, disclose all information that might possibly be relevant to the success of the application and not try to make the situation/details about or circumstances of the applicant seem better than they are.

**I have read the above and confirm that I have relayed all relevant information fully and accurately.**

**Signature of person completing form\*: . . . . . . . . . . . . . . . . Date: . . /. . / . . .**

**Organisation: . . . . . . . . . . . . . . . . . . . . . .**

**Notes for applicant:** By signing, you give consent for information contained in this form to be shared within the East Lindsey Area of Sanctuary Breaks Hosting scheme, and with the host/s with whom you may be accommodated. You are also in agreement that East Lindsey Area of Sanctuary cannot, nor can the referring agency, accept any liability for this private arrangement made between the host(s) and guest(s).

**I have understood the above and confirm agreement.**

**Signature of applicant\*: . . . . . . . . . . . . . . . . . . . . . . Date: . . /. . / . . .**

**\*Signatures can be normal typed text**

**This form can be sent by email to**: \_\_\_\_\_